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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/562.937 12/30/2005			Hannu Makela		47121-5016-00 (220082) 8572		8572
•	: MONITORING LOCA	TION OF MINING VEI	HICLE USING BASE STA	TIONS IN AT LE.	AST TW	O SECTIONS OF MI	INE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	11/22/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	S			
KONG, SZE-HON		3661	701-207000				
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sandvik Mining and Construction OY Tampere, Finland							
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent): \Box	Individual 🔼 Co	orporatio	n or other private gro	up entity 🚨 Government
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies4			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-05/3 (enclose an extra copy of this form). 				
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